

ASPEN Complaints/Incidents Tracking System version 6.5

Quick Entry 562

ASPEN Complaints/Incidents Tracking System

File Reports Tracking System Help

E-Mail Print Export Import Action Items QES62 WWW Index Help

Find Survey for Quick Entry 562

Search Criteria

Text: Search

☐ Search By Facility ID

☒ Search By Facility Name

☐ Search By Event ID

☐ Search By Medicare ID

Search Results:

Eve...	Facility ID	Facility Name	Exit Date	Medicare
12KQ11	UT462506	UINTAH BASIN DIALYS...	04/12/2001	462506
RKRV11	UT462506	UINTAH BASIN DIALYS...	09/02/1998	462506
KKHM...	UT467039	UINTAH BASIN HHA	10/03/2001	467039
DWZB...	UT467039	UINTAH BASIN HHA	06/17/1999	467039
UBHU...	UT467039	UINTAH BASIN HHA	06/17/1999	467039
3QQP11	UT467039	UINTAH BASIN HHA	02/08/1999	467039
...

☒ marks those surveys that are already linked.

Revisit and State Licensure-only surveys are excluded from the search results list.

Aspen Complaints/Incidents Tracking System

0

Intake A
Allegation 1
Allegation 2

Intake B
Allegation 1
Allegation 2

Investigation Intake A Intake B

OSCAR 562

	Date	Type	Status
NG HOME (38...	01/08/2003	Added to Survey Team	Open
L (F3U012)	01/06/2003	Added to Survey Team	Open
HAB (P8A013)	01/05/2003	Added to Survey Team	Open
CARE CEN (8...	01/04/2003	Added to Survey Team	Open
HAB (P8A011)	01/04/2003	Added to Survey Team	Open
HAB (P8A021)	01/04/2003	Added to Survey Team	Open
HAB (P8A022)	01/04/2003	Added to Survey Team	Open
AST (RQM012)	01/04/2003	Added to Survey Team	Open
TER (I81Y11)	01/04/2003	Added to Survey Team	Open
TER (I81Y12)	01/04/2003	Added to Survey Team	Open
AST (1M9S11)	01/04/2003	Added to Survey Team	Open
AST (MPJG11)	01/04/2003	Added to Survey Team	Open
AST (RQM011)	01/04/2003	Added to Survey Team	Open
INVESTIGATION FOR: ART CITY NURSING AND REHAB (P8A012)	01/04/2003	Added to Survey Team	Open
INVESTIGATION FOR: EVERGREEN CANYONS (VUE512)	10/04/2002	Added to Survey Team	Open
INVESTIGATION FOR: EVERGREEN CANYONS (VUE513)	10/04/2002	Added to Survey Team	Open
INVESTIGATION FOR: DAVIS HOSPITAL & MED CTR SNF (K07421)	08/08/2002	Added to Survey Team	Open
INVESTIGATION FOR: ALLEN MEMORIAL HOSPITAL (F3U011)	01/06/2003	Added to Survey Team	Closed
INVESTIGATION FOR: ALLEN MEMORIAL HOSPITAL (F3U011)	01/06/2003	Added to Survey Team	Closed
RESPONSIBLE FOR: CASTLEVIEW HOSPITAL (UT00000177)	01/04/2003	Responsible SA	Closed
RESPONSE FROM BO FOR: CASTLEVIEW HOSPITAL (UT000001)	01/04/2003	Response from BO	Closed


Ready Login: ADMINISTRATOR (midsdb) Current User: SDFGS - System Admin

Start Inbox... Comp... Visua... RE: ... Comp... TOAD ADMIN ASP... Docu... 3:36 PM

Quick Entry 562: GARDEN TERRACE ALZHEIMERS (UT0031): TX8H11 (03/28/2000)

CMS 562 | Investigation Properties | Upload to National

Part I - To Be Completed by Component First Receiving Complaint (SA or RO)



3. Date Complaint Received
01/10/2000

4. Receiving Component
1 State Survey Agency

5. Date Acknowledged
01/10/2003

6A. Source of Complaint

☒ 1 Resident/Patient Family ☐ 5 Other
☒ 2 Ombudsman
☒ 3 Facility Employee/Ex-Employee
☐ 4 Anonymuos

6B. Total Number of Complainants
5

7. Allegations

7A. Category	7B. Finding	7C. Number of Complaints	
01 - Resident Abuse	1 - Substantiated	5	Delete
02 - Resident Neglect	2 - Unsubstantiated	1	Delete
05 - Environment	1 - Substantiated	4	Delete
11 - Falsification of Records / Reports	2 - Unsubstantiated	3	Delete
03 - Resident Rights	1 - Substantiated	2	Delete

8. Action (if multiple actions, indicate earliest action)
2 Investig within 10 working days

Part II - To Be Completed by Component Investigating Complaint (SA or RO)

9. Investigated By
3 Other

10. Complaint Survey Date
03/28/2000

12. Proposed Actions Taken by SA or RO

1. 1 Recommend Termination (23-day)

2. 6 Denial of Payment

3. 7 License Revocation

13. Date of Proposed Action
01/10/2003

14. Parties Notified and Dates

1st Party: 1 Facility	Date: 01/10/2003
2nd Party: 2 Complainant	Date: 01/10/2003
3rd Party: 4 Other	Date: 01/10/2003

15. Date Forwarded to CMS RO or MSA
/ /

Part III - To Be Completed by Component Taking Final Close-Out Action (RO/MSA)

16. Date of CMS/MSA Receipt
/ /

17. CMS RO/MSA Action

18. Date of Final Action Sign-off
/ /

Print

Attach...

Close

Help

Quick Entry 562: GARDEN TERRACE ALZHEIMERS (UT0031): TX8H11 (03/28/2000)

CMS 562 Investigation Properties Upload to National

Deficiencies

Tag	Type	Description	SS	Completion (X5)	Corrected	IDR Status	Refused	Waived	Status
0155	R	NOTICE OF RIGHTS AND SERVICE	F			01 - None	<input type="checkbox"/>	<input type="checkbox"/>	5 - Not Corrected
0457	R	NOTIFICATION OF RIGHTS AND SE	D			05 - Tag Remov	<input type="checkbox"/>	<input type="checkbox"/>	5 - Not Corrected
0477	R	REFUSAL OF CERTAIN TRANSFER	F			04 - Tag Chang	<input type="checkbox"/>	<input type="checkbox"/>	5 - Not Corrected
0317	R	QUALITY OF CARE	G			01 - None	<input type="checkbox"/>	<input type="checkbox"/>	5 - Not Corrected
0519	R	ADMINISTRATION	F			11 - Result of T	<input type="checkbox"/>	<input type="checkbox"/>	5 - Not Corrected

Investigation/Revisit

Event ID	Start Date	Exit Date	Survey Type	2567 Issued		POC Approved	Fed Defic	State Defic	IDR	IDR Req Date	IDF
TX8H11	03/28/2000	03/28/2000	CMPIVT	04/11/2001	POC Track		<input checked="" type="checkbox"/>	<input type="checkbox"/>	IDR		

Survey Properties Citation Manager Survey Forms Update 670 Create Revisit Export... Email

Print Attach... Close Help

Quick Entry 562: GARDEN TERRACE ALZHEIMERS (UT0031): TX8H11 (03/28/2000)

CMS 562 Investigation Properties Upload to National

Prior Packet Uploads

Action	Date	Status	By	Error
03 ADD	01/10/2003 02...	00 - ...	SYSTEM, ADMIN (SDF...	
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...
03 ADD	01/10/2003 02...	-1 - F...	SYSTEM, ADMIN (SDF...	20 - Transaction edit err...

Prevalidate and Upload Refresh List Print Entire List Delete Pending

Upload Transaction Errors

249C-670 WRONG CODE FOR SURVEYOR 10560 -- SHOULD BE: 28 . EVENT/SURVEYOR ID = TX8H11/10560

Print Attach... Close Help

ACTS->ASE Complaint/Incident Intake Transfer

The screenshot displays the ASPEN Complaints/Incidents Tracking System interface. The main window is titled "Intake UT00000188 - AMERICAN FORK HOSPITAL (UT460023) - Investigation TXRX11 with 1 Intake[s]". The "Investigation and Survey" tab is selected, showing a table of investigations. An "Export" dialog box is open, allowing the user to choose the export location.

Investigation and Survey Table:

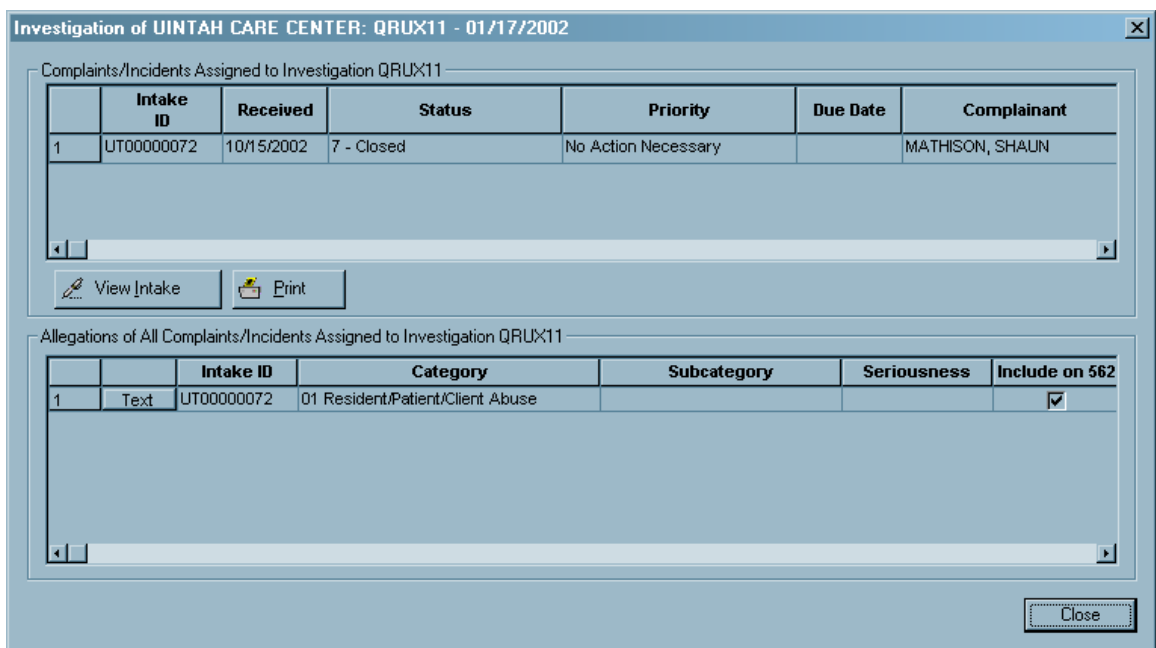
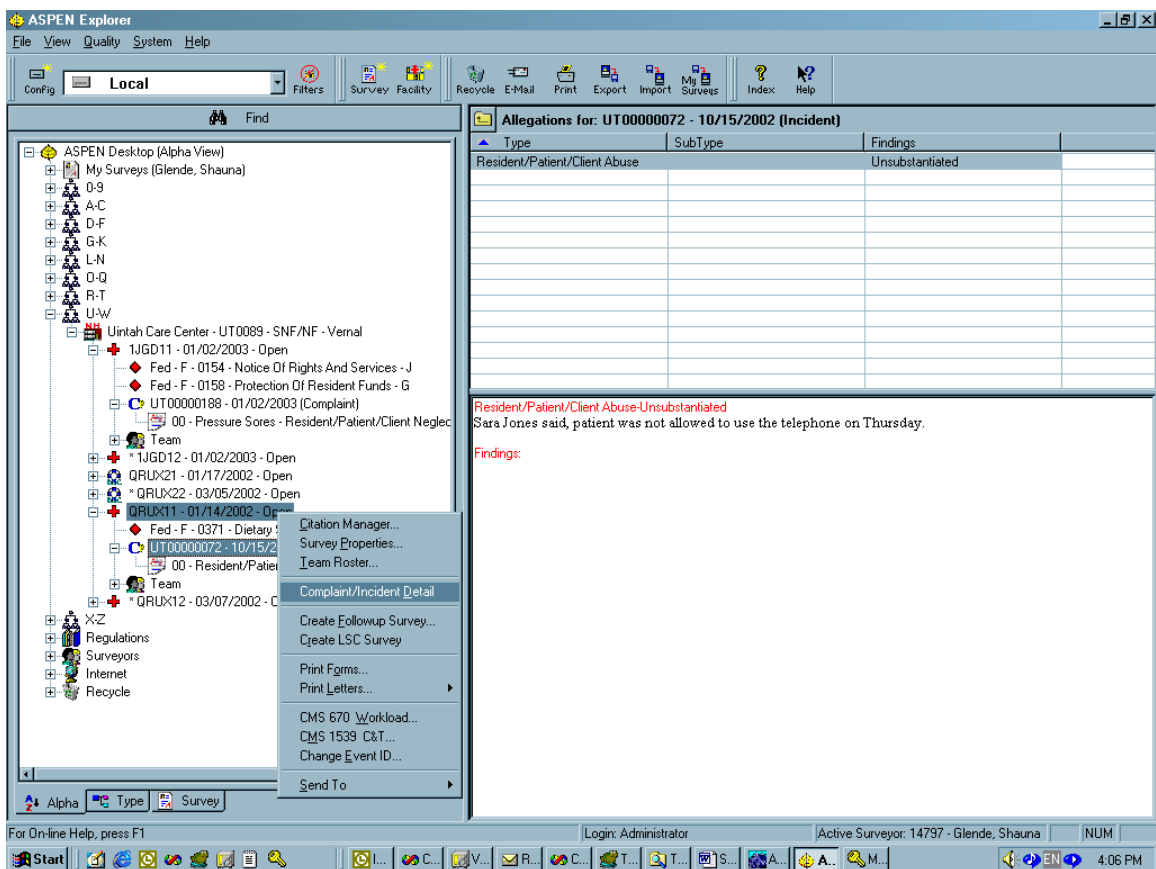
Selected	Event ID	Start Date	Exit Date	Category	2567 Issued	POC Approved	Fed Defic	State Defic	S
<input checked="" type="checkbox"/>	TXRX11	01/09/2003	01/09/2003	CMPIVT		POC Track			
<input type="checkbox"/>	TPBD11	11/26/1996	11/27/1996	CMPIVT_DUMP		POC Track			

Export Dialog Box:

Export To:

- ☐ ASPEN Transfer Location
 - Transfer Drive (A:)
- ☐ Other Location
 - C:\temp\ASPENTx.zip

Buttons: OK, Cancel, Help



Intake UT00000072 - UINTAH CARE CENTER (UT0089) - Investigation QRUX11 with 1 Intake(s)

Intake | Allegations

Intake Staff
☒ State Agency Staff: MECHAM, FRANNY [Change Staff](#)
☐ Regional Office

Status: 7 - Closed

Assignment
Intake Type: 02 Entity Reported Incident
Intake Subtype: 1 Federally-required, entity-reported
Received by: 3 Telephone

State Complaint ID:
CIS number:
External Control #:

Responsible Parties
SA: BUSENBARK, LESLEE BO:

Complainants | Residents/Patients | Alleged Perpetrators

Search (Last, First)
Last Name: First Name: [+ Add](#) [- Delete](#)

		Last Name	First Name	Anonymous	Primary	Relationship	Work Phone	Home Phone
1	Modify	MATHISON	SHAUN	<input type="checkbox"/>	<input checked="" type="checkbox"/>		(435)781-3511	

Source

<input checked="" type="checkbox"/> 01 - Resident/Patient/Client	<input type="checkbox"/> 07 - Friend	<input type="checkbox"/> 13 - Other Health Provider	<input type="checkbox"/> 19 - Other
<input checked="" type="checkbox"/> 02 - Entity Self-Reported	<input type="checkbox"/> 08 - Ombudsman	<input type="checkbox"/> 14 - Quality Improvement Organization	
<input checked="" type="checkbox"/> 03 - Current Staff	<input type="checkbox"/> 09 - State Survey Agency	<input type="checkbox"/> 15 - Physician	
<input type="checkbox"/> 04 - Former Staff	<input type="checkbox"/> 10 - Other State Agency	<input type="checkbox"/> 16 - Coroner	
<input type="checkbox"/> 05 - Anonymous	<input type="checkbox"/> 11 - CMS	<input type="checkbox"/> 17 - Congressional Inquiry	
<input type="checkbox"/> 06 - Family	<input type="checkbox"/> 12 - Medicare Intermediary/Carrier	<input type="checkbox"/> 18 - Media	

Response Information
☒ Priority

Received
Start Date: 10/15/2002
Time: 01:26

[Print...](#) [*Notes...](#) [OK](#) [Cancel](#) [Help](#)

Intake UT00000072 - UINTAH CARE CENTER (UT0089) - Investigation QRUX11 with 1 Intake(s)

Intake | **Allegations**

☐ B - Non-IJ High
☐ C - Non-IJ Medium
☐ D - Non-IJ Low
☐ E - Non-IJ Admin Review/ Offsite Investiga...
☐ F - Referral-Immediately
☐ G - Referral-Other
☒ H - No Action Necessary

Investigate within days Investigation Due By / /

End Date

Time ☐ a.m. ☒ p.m.

☒ Has Related Intakes

[Click Here to Associate](#)

Complaint Notes

Complainant states that a resident by the name of [Vicky Anderson] states that a aide by the name of [Joanna Campbell] forced her hands under the water fauset. No injuries were sustained. The aide can only work with this pt. in the presence of another staff member until the investigation is completed.

APS faxed their APS Notification to PCRA on 10-16-02. APS is investigating.

10/22/02-Review of the facility's final investigation report revealed that the facility determined that the alleged abuse did not occur. The facility has put in place new plans for the cares to meet the resident's needs. No Stated agency action necessary at this time.

Extended RO Notes

Questions to Remember to Ask the Caller:

1. Is confidentiality desired?
2. What is your name, address, and telephone number?
3. What is the name of the person you are calling about? How are you related to this person?
4. What is the name and address of the facility?
5. What happened?
6. When (date and time) did the problem occur? Is the problem ongoing?
7. Is the resident/patient still in the facility?
8. How did it happen?
9. Is anyone else involved, such as other staff, volunteers, family members, other patients or residents, visitors?
10. Are there any witnesses?
11. Have you taken any actions? Did you speak to the Administrator, Manager or any staff of the facility? dsss

